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SURGICAL LECTURES,

DELIVERED BY

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LECTURE 3.

GENTLEMEN,

As local diseases become the source of constitutional derangement, so, on the other hand, *local disease* is often the *result* of a general *disturbance of the system*; and these reciprocal actions are produced through the medium of what has been called an universal sympathy. If the local disease which acts as an irritation to the general system be extensive, or be seated in an important part, the sanguiferous and secerning functions are disordered, and this disorder is characterized by the term Fever; and we find peculiarities in the nature of this fever, according to the particular state of the constitution at the time. Hence we find that the glands are affected in inflammatory fever, that there is languor in the hectic, and sensorial derangement in the irritative fever. We call it a state of fever, because it is somewhat marked by the fulness of the pulse, and the variation of the temperature of the body.

It is not the sanguiferous system which is alone affected; but we find that the *nervous system* is thrown into a like disorder. There is great agitation, restlessness, irritability, and so on; the nervous system is in a state of excitement, and this very much influences the functions of all the organs of the body; and the secernent system becomes very much disturbed. There is, in fact, an immediate connexion of all the parts of the body through the medium of the nervous system, and therefore we need not wonder why the whole should more or less suffer from the injury of a part. But whether the brain first influences the stomach through the nervous system, or whether the stomach being first disturbed irritates, through the same medium, the brain, is a question not so easily determined. There is, however, a reciprocal action established, both of disorder of the digestive organs on the nervous system, and of the nervous system on the digestive organs, as I shall proceed to show you.

It is by this universal sympathy we find, that the digestive organs are affected, as well as other parts of the body; and this was noticed by Mr. HUNTER: he said, that violent local irritation will, through the reaction which is excited, produce violent disorder of the digestive organs; and I will relate some cases which will show you how very great the force of this sympathetic action is.

An operation is performed, and the patient is put to bed; but, in

the night, he is restless and uneasy; there is flatulency and pain in the stomach; there is nausea, and, perhaps, vomiting; and his skin becomes hot and dry; the bowels are constipated. What is to be done? What! but to relieve this turbulence of the system, by restoring secretions from the inflamed organs; and medicines given with such a view should not be given in irritating doses, but in moderate quantities, and at regular intervals. But these medicines will not act; What are you to do then? Why go on giving them, and you will find the patient will resist their influence, even until the second or third day, when he at length begins to feel some gurgling in his bowels, and about twenty or perhaps thirty fetid evacuations take place. The patient becomes relieved almost directly; yet, he has perhaps taken nothing but a little toast and water during the whole time; and this large quantity of fluid, therefore, which is discharged, is the morbid secretion of the alimentary canal, and the other abdominal viscera.

I could tell you a diversity of cases in support of the proposition with which I set out, I shall separate one for this purpose; but they are all interesting, if I were to tell you the whole. The one which I have separated is interesting, because it shows, in a very remarkable degree, the influence of the nervous system on local disease. A man broke his leg; he got tipsy, caught his leg between the bars of a grating, and snapped his tibia, and grazed the skin; he was brought home, and the limb was carefully set by some surgeon; for the first three days after the accident I visited him, with the surgeon, and then I saw him no more. He went on very well; his general system was comfortable; and the functions of the body regularly performed. He went on in this way for about three weeks; when some friends came to see him, he played at backgammon with them, enjoyed himself very much; and the evening was spent very happily; in the night, he was seized with delirium; and the surgeon who attended him told me, that when he took off the splints, he found that the part of his skin which had been merely grazed had degenerated into an ulcer, and this ulcer continued to become deeper and deeper; it ulcerated through the fascia, and went on until it established a communication between the fractured bones and the atmosphere, and thus converted what was before a simple fracture into a compound one. Mr. HUNTER says, that nature takes the alarm, and, in proportion to the effect of the mischief, a disordered action takes place to attempt to repair it, and thus she struggles to effect the rescue of the patient. He was treated by cordials and laudanum, and he was relieved from the delirium; but his bowels were blown up enormously; he was completely tympanitic, and he died. On examination, the tibia was found broken into two or three pieces; and one of the fractures extended into the cavity of the knee joint. The brain and lungs were also examined, and the bowels, but nothing peculiar could be traced to account for the symptoms; the bowels, as I before said, were found immensely distended; and this arose, probably, from a state of atony of these organs.

Now, if a severe source of irritation will produce such violent

effects on the digestive organs, then a milder form of it will produce the same kind of disorder, but in a less degree. Every old woman knows that the progress of dentition in children causes a great constitutional disorder, and what is the consequence? Is not the child restless and uneasy? is he not sick, and cannot take food? Aye, to be sure he is: he is purged, too, and the stools are white, or they are green; the bile is not secreted properly. In the nursery all this can be observed, but not so when persons are grown up to manhood, a state in which they are frequently only children of a greater form. Here, then, you see is a local malady which imparts irritation to the constitution, and this again disturbs the digestive organs.

To show you that a disorder of these organs may affect the system at large, I shall quote other cases.

A man may have a blow on his stomach from the kick of a horse—nay, hang it, I always like to keep to cases:—The keeper of a lunatic asylum was struck a violent blow on the abdomen by one of the patients, who came very slily behind him without being seen; he reeled about, stood up, faced the patient, and attempted to secure him, but was struck again, and he fell down deprived of all power, and there he was soon afterwards found; he was taken up, and put to bed, but he lay in a state of stupor for some time, and his recovery was very doubtful. Purgative medicines were given him, but he had no evacuations for three days and three nights, and then they were of the most offensive kind. We understand these things better now than formerly; we know that the *secretions* are *dependent* on the state of the *nervous energy*. Experiments have shown, that if arsenic be given to an animal, there is abundant secretion thrown out from the stomach to defend it from the effects of the poison; you would be surprised to see what a quantity of fluid you would find in the stomach of such an animal. But Mr. Brodie divided the eighth pair of nerves, and then gave the animal arsenic, but there was no secretion to be found. Oh! no. The beautiful electrical combinations which had before produced their effects on the living structure were destroyed; and therefore the various compositions and decompositions necessary for the performance of the functions of the organ were at an end.

We cannot, by our purgatives, let them be of what kind they may, succeed in procuring the wished-for result by main force: but we must solicit and solicit, and yet there will be no answer to our solicitations; go on for two or three days with our medicines, and then there is a copious secretion poured forth. I have some doubt in my mind whether there is any benefit derived from them at all, and whether this return of secretion is not owing to some change which has taken place in the state of the nervous system.

I remember, when speaking of tetanus, I said, that there was the greatest difficulty in opening the bowels, and I forgot to mention to you that there is a remedy which has been found useful in this affection, it is the croton oil, and it is certainly a more powerful medicine, as a purgative, than any other. Yet when we consider the state of the system, and that constipation is the mere effect of irritation of the nervous system, we

need not wonder why no reliance should be placed on it. The secretions should be solicited then, and not enforced. The medicine should be given in doses of a moderate quantity, so as to act mildly, it should be also mild in its nature, and should be given at regular periods, say every four hours; and this is what I call soliciting the secretions.

Another case I will tell you: A man goes shooting, the gun goes off, perhaps as he is getting over a hedge, it rebounds and hits him on the bowels; he feels rather alarmed for a minute, and has an unpleasant feeling in his abdomen, yet it presently becomes better and he is determined to go on with his day's shooting, and he thinks little about the blow; but in the evening he becomes feverish, has a restless night, his bowels become constipated, and he has flatulence at his stomach and nausea. He at last recovers after several days of rest, by restoring the secretions, which had been disturbed. We see here evidently that the digestive organs are disturbed in consequence of the local injury. It may be imagined that these are cases in which no man could expect any other result; but you will find, if you investigate the matter, that a compound fracture, or any other local violence, or nervous irritation of a less degree will also produce the same derangement of the functions of these organs. We know that there is a direct communication between the stomach and cerebrum, and that the disordered state of one will produce a like state in the other. This disturbance of the cerebrum may take place in consequence of local injury, or more immediately from the operation of mind. You may daily see that the various affections of mind, as perplexity, fear, anxiety and grief, never fail to disorder the person's stomach and bowels. To conclude this part of the subject, you must have noticed how much the cerebrum influences the stomach, and the stomach the cerebrum. You may consider this subject as one of the greatest importance in the practice of your profession. The disorder of the stomach and bowels is the fruitful parent of a very numerous and dissimilar progeny of local diseases.

Suppose a man is a glutton, and overcharges his stomach with all the cursed mixtures which a vitiated appetite can invent; what can he expect but the constant production of an irritable material, from the fermentation of the vegetable matter, and from the animal matter becoming rancid? The product is quite sufficient to account for all the train of evils which are sure to happen to the nervous system. In reference to this subject, I may say that it is of no use for a man to understand merely the words employed to communicate the knowledge of a thing, but he must understand the thing itself; and the understanding it must be the result of an exertion of the man's mind, whereby he receives and compares the import of what has been said. On all occasions satisfy yourselves as to the correctness of what you hear, by observation and the exercise of your own judgment. Now, if the stomach cannot digest what it receives, what is retained there must be creating compounds of a most irritating kind, and prove a source of contamination rather than nourishment to the system.

The secretions are generally disorderedwhen the sanguiferous system is in a disturbed state. There

is a very close relation between the sanguiferous and secerning functions; and as a proof of it, I shall instance to you the function of the kidney in particular. It acts as a powerful drain to the mass of circulating fluid, and gets rid of a large quantity of matter which would otherwise become a source of inconvenience, and perhaps mischief to the constitution. You must frequently have observed the state of the urine when the digestive organs have had their functions disturbed; and I think that this immediate sympathy may be explained by attending to the source from which they derive their nervous influence, and they do so from the splanchnic nerves, or from the ganglia, composed principally of these nerves. Now this is what I call Mr. HUNTER's physiology; it is the science which looks to the state of organs associated in their functions, and to their liability to become disordered by certain causes. What I have said to you on this subject has been deduced from facts, and not from mere speculations; the knowledge of the circumstance, that the disordered state of the digestive organs will produce a degree of cerebral disturbance, and thus, through this medium, react on local disease, is one of great importance, and I, therefore, shall not mind troubling you by a repetition of it. That this disordered state of the digestive organs may secondarily depend on the excited state of the cerebral functions, produced by the severity of local disease, is a proposition which I hope I have made equally clear. All this it is necessary to understand, but with regard to the absolute state of the nervous or sanguiferous systems, on which the performance of the healthy or disordered functions may depend, is a subject on which I have said nothing, nor do I wish to say any thing. Another point, of which we know just as little, is the manner in which particular medicines act on particular organs, to produce the consequences which we are in the habit of observing. You probably know more of medicine than I do, and I shall leave the subject to you who may be devoting yourselves to the study of medicine, to exert yourselves in investigating it, and then to tell us what the modifying causes are, and the experiments which you may make to ascertain them.

But the ordinary causes of these complicated evils are as plain as A, B, C. It is evident that they are to be traced to the very irregular and unnatural habits which men practise. When patients apply to me, and I see that their complaints are chiefly of the nature I have been describing, I tell them that I am no physician, and I offend them stoutly when I tell them that they have their health in their own keeping. If a man were to do as CORNARO did, he would be rewarded for it by a long and happy life. Cornaro was given over by his physicians at the age of thirty-five; he saw that there was not the least chance of recovery, if he continued to swallow the trash they were in the habit of giving him, and that there was no good in putting food into his stomach, if his stomach could not digest it. What did it do there! why it played the very devil with Cornaro's guts. So, said he, "I dropped the plan pursued by my physicians, and adopted a regimen of my own." The principal beauty of Cornaro's life was the happy state of mind in which his continued temperance preserved him. He limited himself to twelve ounces of food for each day; which

was of a nutritious kind, and no inducement could prevail on him to exceed it. He enjoyed the simplest food with the greatest relish, for Cornaro's appetite was rather keen, (a laugh) so that he used to say, when eating a dry crust of bread, "O! how delicious it is, it is so delicious, that I am almost tempted to exceed my allowance;" yet he never did. He writes, between eighty and ninety, "the society of my friends is delightful, and even the company of children is amusing to me, and when not otherwise engaged, I read godly books. But the infirmities of age increasing upon me, and becoming more feeble, my friends advised me to increase my diet, which I did to fourteen ounces. But, from the time I began to increase it, I was dissatisfied with myself, and felt that it was producing mischief in my stomach. I had not continued it long before I was obliged to return to my former allowance." Cornaro, however, could not live for ever, and we find that, to the time of his death, he might be said to have enjoyed perfect health. He went down to the grave at the advanced age of one hundred and five; as the account is given by his niece, who was a nun at Padua.

Now, what I propose as a diet, is CORNARO's diet, and it is no fanciful system. The diet should always be of a moderate quantity, it should not be wholly vegetable or animal, but it should be of a nutritious kind. The diet I have taken the liberty to recommend to the public is CORNARO's, with a few conundrums of my own, as Dr. FRANKLIN says. I do not pretend to have adhered to such a diet as CORNARO did. Oh! no; I acknowledge myself to have been a sinner; and I remember once having been living irregularly and having been taking butter and sauces and sweetmeats, and indulging a pampered appetite, things that turned acid and rancid on my stomach; I was seized with pain in my bowels and head-ache, and had a sore throat; and I had a friend of mine, a physician, to look into my throat, and there was a long discussion as to what sort of cynanche it was to be; one said one thing and the second another; but I smiled and said, If you do not know what it is, I know what will cure it; so I took a dose of calomel and jalap, and lived upon toast and water for about ten days, and I got rid of my sore throat and fever together. It is of great importance that the functions of the alimentary canal should be regularly performed, and the quality of the secretions and excretions attended to as well as the quantity. Every old woman knows how necessary it is to attend to this if she wishes to keep herself in a comfortable state of health, and therefore she mixes up some gentle laxative compound, such as a little senna tea with some manna, or perhaps with a little tincture of rhubarb, and she takes sufficient of this to act at a given time, and if it should fail of its usual effect, why, she adds a little more to the dose, or takes a smaller quantity of it in four hours, and thus the end is answered perfectly well. All men should particularly attend to this subject, especially those who have sedentary occupations, or who are advancing in years.

The Poetical Doctor, as I call him, Dr. DARWIN, has said, that as there are moral errors to be corrected, so there are also physical errors to be corrected, as those of diet, habits, and so on. Now, I

do say, that the public are indebted to me for what knowledge they possess as to the importance of attending to the digestive organs in the treatment of various local diseases, and of the advantages to be derived from alterative doses of mercury in these affections. Of what importance is the liver in the animal economy? Surely it is of great importance; it is the largest organ in the body, and if its function is disturbed, the result you may expect to find in observing the functions of other organs associated with it in office impeded. Yet a blue pill, in cases of this kind, will sometimes do wonders, if the regulation of diet be at the same time attended to. Mercury, when exhibited in small doses, and influencing the secretion of such an important organ without disturbing the function of any, has been called, when thus employed, alterative. Medical men, in common with others, have committed a very natural error; they imagined that, as small doses of mercury did good, that larger doses of mercury must do more good, and therefore they found themselves mistaken.

The public have said that I never recommend medicine, and nothing has been more wrongly said. But if it be supposed that I place reliance on medicine merely, without attention to other circumstances, they may be right. For example, how comfortable, when the stomach feels weak and the appetite flags, is the exhibition of a tonic, such as an infusion of columba or cascarilla; then again there are the mineral acids, they are very valuable, especially in combination with the former; then there is the decoction of sarsaparilla, it exerts a very beneficial influence in an irritable state of the system, and it appears to me to do so by acting on the nerves of the stomach, and thus produces a tranquillizing effect. There is a variety of medicines which have, from their influence on the liver and increasing its secretion, been called Anti-bilious; but I should call them Pro-bilious. When a person has palpitations of the heart, and uneasiness and flatulency and distension, a dose of a medicine called carminative will afford the greatest relief, as the *Mist. Galbani*, for example, and you know there are many others; but all I could say to you of these medicines has been said by others. I shall, in my next lecture, speak of the treatment of some local diseases.

LECTURES

ON THE

PRINCIPLES AND PRACTICE

OF PHYSIC,

BY DR. ARMSTRONG.

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LECTURE 3.

Dr. Armstrong commenced this lecture by a brief recapitulation of the principal divisions and subdivisions of diseases, as before given, and brought the subject down to three modifications of common congestive fever, viz., extreme, intermediate, and mild.

Common congestive fever may be considered as an exception to the usual law of the animal economy; for it generally happens, when depressants are applied to the animal body, that reaction, or the stage of excitement succeeds, or, in plain

English, there is an increase of the heart's action, and an increase of the animal heat. But on some occasions the stage of excitement does not supervene; the cold one continuing, and interrupting the regular series of febrile phenomena, constitutes what I denominate the true congestive fever.

Cullen has committed a very serious mistake in supposing that fever, commonly so called, is always attended by the cold stage, or the stage of congestion, and he has committed another mistake, namely, by asserting that the cold stage is always followed by the stage of reaction, or excitement. He has assumed that shivering always attends the commencement of fever, but I shall show you that fever frequently has no cold stage at all. If you understood me distinctly, you must have perceived that common congestive fever may, 1st, be solved entirely by the means used; 2ndly, it may, through these means, pass into the stage of reaction, or excitement; and 3dly, that stage may occur through the natural efforts alone. Suppose the stage of reaction has taken place, that the heart's action and the animal heat are established, then you will find the fever either simple or inflammatory. The word fever in all languages signifies heat; if we were, with the public, to consider that fever essentially consisted of a simultaneous increase, both of the heart's action, and of the animal heat, then we should entirely exclude the congestive form of fever, which arises from depressing agents, and which sometimes continues as a distinct variety without reaction. Therefore this definition is defective, inasmuch as it excludes the congestive variety of fever. Supposing, however, for the sake of argument, fever essentially to consist of an increase of the heart's action, and an increase of the animal heat, the question is, how does this state arise? In some medical, and especially in some surgical, books, the most absurd notions have been raised as to the manner in which fever arises; but in these lectures I hope you will understand, when fever exists in the relation of a cause, and when of an effect, to inflammation.

Fever is produced in three modes: it arises, *first*, from *depression*; *secondly*, from *stimulation*; and, *thirdly*, from *irritation*.

It arises from *depression*, which is that state of the system produced by the agency of depressants, such as diminish the heart's action, the animal heat, and the muscular power. When an individual plunges into a cold bath suddenly, he produces a state of congestion, in which the blood accumulates about the heart and lungs: what follows in this case? The blood, accumulating about the heart, excites it to reaction, and is thrown, with considerable force, from the centre to the surface of the body, and the heat of the skin becomes temporarily a little higher than natural, or, in common language, a glow occurs. Now, what happens in this case slightly, takes place more distinctly in ordinary cases of fever, arising from depressants. Congestion being continued in a certain time, is followed by a hot stage, and which hot stage is in proportion to the force with which the heart recovers its power.

When fever is produced by *depressants*, it has three stages, viz., 1. a stage of *depression*, in which the heart's action, and the animal heat are diminished; 2. a stage of *excitement*, in which the heart's

action and the animal heat are increased; and 3. a stage of *collapse*, in which the animal heat on the surface again declines, and the heart's action returns to the natural standard. We have a remarkable example of the existence of these three stages in the common ague, but it arises from a depressant of a *peculiar* kind, as I shall afterwards show you, wishing now to confine your attention to the *common* depressing agents. There is the cold stage of ague, or what I call the stage of depression; there is the hot stage, or stage of excitement; and there is the sweating stage, or the stage of relaxation or collapse. What takes place here from a *peculiar* cause, takes place in other cases from *common* causes. Therefore, whenever fever arises from depressants, it is attended by the three stages I have named to you, with the exception of such cases in which the system continues under the full influence of congestion.

Fever arises also from *stimulation*. It is produced by the direct application of stimulants, without any cold stage at all. It commences by the hot stage, and terminates by collapse. You will recollect that I am speaking of common fever, arising from the action of the ordinary agents of nature on the animal body, and which do not exert any *specific* influence. The *three* following are the *principal* common *stimulants: high temperature*, great *bodily exertion*, and strong *mental emotion*, such as anger. Nothing is more common than to observe a fever which arises at once through the influence of stimulants. As a proof that high temperature is capable of producing fever, I shall adduce the following fact: Half a ship's crew who are unaccustomed to a hot climate, as Europeans, arriving in the West Indies, are seized with a fever immediately, commencing with the hot stage. We need not go so far as the West Indies to see examples of this form of fever: in the summer of our own country, when the temperature is high, and men exposed to it are obliged to make great exertions, we find in them that fever is frequently induced, commencing by a hot stage. I attended a comedian of great popularity, who was in the habit of exerting himself very considerably; sometimes the exertion was violent and long continued, (for he played at two theatres on the same evening;) and he often had attacks of fever, commencing directly with the hot stage. The same may be produced by long running or walking. When we do so, we exercise the muscles very powerfully: these press upon the veins, and the blood is forced with greater celerity toward the right side of the heart, and the heart exerts itself to get rid of the increased accumulation of blood. It is in this way that the pulse becomes more frequent, and the respiration hurried. Now, this condition occasionally passes on to the stage of common simple fever, and the patient remains feverish for a few days. In most of these cases, you see that the stimulus is universal. When it arises from a strong mental emotion, or high temperature, there is a change first produced in the nervous system, and the heart's action is influenced by it; it is increased if the agent be a stimulant; and it is depressed, if the agent be a depressant. In many individuals, who are weak, and who have highly sensitive nervous systems, fever arises in this way from the influence of a sti-

mulant, without the accession of a cold stage. It has, in fact, only two stages; the stage of excitement, made up of a quicker pulse than natural, with a heat of skin greater than natural, and the stage of collapse, in which the pulse becomes again slower, and the animal heat lower on the surface.

It is a general law of the animal economy, that when it is unusually stimulated, the strength falls again in the direct ratio in which it had been increased. The only exception which I know to the contrary sometimes occurs in mania; some patients affected by that disorder being excited for days and even weeks without any subsequent collapse.

The third cause whence fever arises is *irritation*, which is the effect of the application of various irritants, which increase the sensibility and redness of the part to which they are applied. Irritation is a term used very vaguely by physicians, and still more vaguely by surgeons; but I use it in this Lecture in the above sense; and shall hereafter explain its various meanings.

Common irritants may be arranged under *four* heads. 1. Ardent spirits, wine, strong malt liquors, and the like, when taken into the stomach. 2. Indigestible food and fruits. 3. The administration of some certain medicines, especially drastic purges, which are much too frequently given. 4. The local application of a low or high degree of temperature. Now if an individual happen to be weak, or have an anxious mind, or have any disorder of the liver, stomach, or bowels, if he be in that condition in which the sensibility of the nervous system and the contractility of the muscular are increased, then the application of an irritant to the body rouses the whole nervous system; the heart is excited to increased activity, and the hot stage of fever is established. When the impression is made upon the nervous system, it is, to use a figure of speech, reflected to the heart and vascular system. We come now to that state of the system, popularly called fever, which is produced in the three ways I have pointed out.

What is meant by the term *fever* thus used? *Fever* is merely an abstract term; and, in medical writings, any attempt at its definition has involved more of what is conjectural than any thing else. We have a great many idle expressions in common use, and one of these in connexion with fever is the term *idiopathic;* it is a word which admits of no definite application, and does not point out the real condition of the system. We have also a *symptomatic* fever in medical writings, almost equally inconclusive with the former term. What authors mean by *idiopathic* fever, is a fever in which there is no primary local inflammation, and they have assumed that it commences, advances, and terminates, without inflammation. It may appear of no importance, whether we use the term *idiopathic* or any other; but all speculative notions influence our practice, and this term conveys an erroneous idea, by implying that there is never any inflammation at the commencement, middle, or end of the fever. It is the substitution of conjecture for fact, and has been, in the practice of physic, the cause of destroying thousands of lives.

Fever may begin without inflammation, but it may become inflammatory in its progress. I shall

not use the term idiopathic at all, as I consider it only calculated to mislead. We now come to the consideration of the term symptomatic fever. It is a term which has been admitted by CULLEN, and he has been followed by other nosologists. In his order phlegmasiæ, he has made the fever appear always as the mere effect of inflammation; but if you investigate this hypothesis, you will find it to be erroneous; for, even in this order, inflammation is more frequently the consequence than the cause of the fever, as I shall afterwards prove. Therefore, I shall substitute the terms *simple* and *inflammatory* fever, merely to express the facts of the particular cases, and to designate the exact state of the vascular system in each.

You will remember, I have already observed, that when the heart's action and the animal heat are simultaneously increased, then the simple or inflammatory fever is established. But in the congestive form of fever, there is a diminution of the heart's action as far as its power is concerned, and of the animal heat as far as its degree is concerned, marked also by the disturbance of some important organ which is the seat of the congestion, a congestion proved by an appeal to dissections in fatal cases.

The characteristics of common *simple* fever are the following: You have an increase of the heart's action, and an increase of the animal heat, and no sign of either an external or internal inflammation, cross-question the patient as you please. With respect to *inflammatory* fever, you have in addition to the signs enumerated as belonging to simple fever, the proofs of an inflammation either external or internal; and when these states arise from a common cause, I designate them by the term common simple fever, and common inflammatory fever.

I do not wish you to try my opinions by any scholastic or collegiate standard, but by an appeal to facts. It is a duty which you owe to yourselves, to the profession, and to the public, to observe, to think, and to act for yourselves. Nothing is so fallacious as to take the words of this or that man, upon things in which the lives of our fellow-creatures are concerned. Think for yourselves. The moment a man has learnt to think for himself, he is in possession of the grand secret of human improvement.

In *common simple fever*, 1st, the pulse is quicker than natural; the average of the pulse in the adult is about 70, in this state it is about 90 or 100. But in children you must recollect that the pulse is always quicker than in adults. 2. The animal heat is greater than natural. It is about 96° or 98° naturally; but in this affection it is about 100° on the surface. Here, then, you have two remarkable symptoms. You will find, generally speaking, that the heat is higher in the evening than in the morning; the cheek is more flushed, and the eyes look brighter. 3. There is some thirst. 4. Some change in the secretions: for example, a slight white fur upon the tongue; some change in the character of the stools; they are more offensive in smell, or they are lighter or darker in colour. There is some change, also, in the appearance of the urine. It is more turbid, or more high-coloured than natural; and the secretion of the skin is generally diminished. 5. Some loss of appetite. 6. Some lassitude; a

word which is applied to debility of mind: and, 7. Some languor; a term which is applied to debility of body. And recollect that there is no distinguishable mark either of an external or internal part being inflamed.

In common simple fever, the fluids appear to circulate more rapidly round the whole body; all the parts seem to be excited, but none absolutely inflamed. We have no simple word in the English language to distinguish this state of circulation, and therefore I use the term simple excitement for this purpose. That such a state of the circulation does exist is indisputable. It is produced by running or walking for a long time; or by exposure to a high temperature; the pulse becomes quicker and the skin hotter than natural. A similar state is produced by anger; or by strong diets or drinks. Let a man have a full meal of animal food, and wine after it; the circulation and heat will be increased decidedly: or, bleed a man today, and bleed him again tomorrow, and you will have the state of simple excitement established. As a fact still more decisive, we see the state of simple excitement on the subsidence of inflammation. A man has an attack of inflammation of the pleura: he is bled profusely, and he recovers; but for some time after the removal of inflammation, he is still found to have a hot skin and a quick pulse, plainly showing that the state of simple excitement does exist.

This state of excitement may be either general or local, and therefore I call it *general simple excitement*, and *local simple excitement*. In the first, the blood circulates more rapidly through all parts of the body. In the second, there is a certain topical accumulation, or determination of blood, perfectly separable from the state of inflammation. There are many facts to show this, blushing is an example; again, let a man hold his hand or arm to a fire, for a short time, and you have this state of the circulation produced in the part; apply friction to any part of the body, and you see the same thing; the eye in grief is another example, the conjunctiva is red with blood, and there is abundance of tears flowing over the cheek, yet these are not the combined signs of inflammation there. A still more striking example is to be seen in the conjunctiva of a patient labouring under scarlatina: the conjunctiva is streaked with red blood, yet it is not inflamed; there are not, I repeat, the combined symptoms of inflammation present, as pain, heat, redness, and swelling. Now, it is probable, that the internal organs undergo a like change; examine the tongue and the lining membrane of the mouth, during the process of mastication, and you will see that there is a greater quantity of blood determined to the part, which is therefore more red than usual, and I should say, this was another specimen of local simple excitement. In common simple fever, general simple, and local simple, excitement exists. The common simple fever can only exist in a sound state of constitution. Now, when it takes place in a person where the organs are all healthy, no organ suffers, and it passes off without having any other state produced; but if any organ should be previously weakened, or disordered, then that organ suffers, and the inflammatory fever is produced. You may perceive that this fever may pass into the inflammatory, and therefore, al-

though the fever may be simple at its origin, you must not do what the old practitioners did, assert that the fever was always idiopathic; I say, you must not assume this, for although a fever may be *simple to-day*, it may become *inflammatory to-morrow*, and even within a less period of time than I have now named. I have been in the habit of taking notes of the cases of fever which have come under my care for the last twenty years, and I have never found them two days exactly alike, the change being sometimes trifling, at others important. Now, supposing a fever has commenced and gone on as a common simple fever, what are the indications for its removal? They are three: 1. to lessen the heart's action; 2. to lessen the animal heat; and, 3. to restore the secretions to a natural state. In regard to treatment, you will recollect, no doubt, that it is divisible into three parts, the medical, regimenal, and mental; all these are important, and you must so combine them, that they may all tend to the same end. No one of these should be employed to the exclusion of another, but they are of the greatest value when combined.

The *medical treatment* consists, first, in the administration of *aperients*. The best of these are calomel, rhubarb, jalap, cold drawn castor oil, small doses of the infusion of senna, with or without small doses of sulphate of magnesia. I shall first make a few observations on *calomel*. I said, when speaking of the treatment of the congestive fever, that we sometimes give calomel for a particular purpose, namely, as a stimulant: it rouses the heart's action when other means fail, and it operates in combination with opium in a most excellent manner, and also emulges the liver and bowels. It operates, however, in common simple fever as a relaxant and aperient. If you see a *child* labouring under this form of fever, and give him, for example, *one grain and half* of calomel, with *three grains* of rhubarb, and follow it up with *two drachms* of castor oil, you will find that it will be quite sufficient in the course of the day, and will produce three or four evacuations from the bowels, and this number should be obtained daily, as long as the heart's action and the animal heat continue higher than natural. Purging is not the only beneficial effect that it exerts; it acts also on the liver, and you will find that whenever a person is attacked by fever, the secretion of the liver is often depraved; but the third effect of calomel in common simple fever is, that of a complete relaxant. You may give a child a dose of calomel, and he will become sometimes faint and sick, either before, during, or after its operation as a purge. Whenever this is the case, you should only continue it as long as the heart's action and the animal heat are higher than natural. You should never give more than three grains in the course of the day for any time. I have lessened my doses of calomel very much, and if you ask me why I have done so, I answer, that I am, in fact, a mere student in the practice of physic, and that if I were to live to an immense age, I should be daily obtaining knowledge as to the more precise application of medicine, and should be consequently daily detecting former inaccuracies. Having therefore discovered my error in this respect, I think it my duty frankly to tell you of it, as a warning to you. If you continue the calomel after the

heat is very much lessened, you will have a ptyalism induced which may be difficult to remove, and produce much uneasiness. It should be given with small doses of jalap or rhubarb, or followed by about one ounce of the infusion of senna. The *second* medical mean, is the use of the *tepid ablutions*, and these should be employed two or three times in the day, especially toward evening, and you will find that the heat of the skin, and the frequency of the pulse, will be very much lessened by them. Recollect that the feet should be daily washed, the secretions of which become morbid, and if not removed, may be absorbed into the body, and this will equally apply to the perspirable matter of other parts of the skin. Now, if any sign of inflammation should occur in the progress of the simple fever, then general or local bleeding will be required, but not otherwise, if attention be paid to the regimenal management. There is a golden rule in respect to diet, in the treatment of fever: when the heat is high and the pulse quick, the diet must be of a remarkably bland and farinaceous kind. It is impossible to sustain the strength of a patient in fever by strong food; you might as well try to build up a house in flames, and it is a circumstance not understood by the public, and even too much disregarded by the profession. It is the dread of weakness, in fever, which induces people to give strong food, and they reason thus: I am very weak, I was so before; I took nourishing food and was better; I am now very weak, and as I have found the plan to answer, I will try it again; but try it, and it is fatal. This analogical mode of reasoning is false, for here weakness is the effect of disorder, and not the cause. The best diets are the following: thin arrow-root made with water, thin gruel made with water, barley-water, whey, sago, thin tapioca, or plain animal jelly; a small quantity of either of these at a time, as a small tea-cupful, given morning, noon, and evening, is all that is necessary. In the choice of drinks, too, the patient should be cautious: water is the best drink, and in some of the high forms of inflammatory fever, water is the only thing which is necessary both as a diet and drink. But in the simple fever you may allow a glass of lemonade, taking care that the juice be passed through a piece of muslin so as to exclude the pulp. The skins, the seed, the fibres and the husks of fruits, very much irritate the mucous membrane of the stomach and bowels, and should be carefully avoided. Always, after you have given your instructions, say to the nurse, give nothing else whatever. If you do not, you will find, at your next visit, that a number of things have been given to the patient, and the excuse will be, that you did not prohibit them.

3. *Rest*, in the recumbent posture; this tends very much to diminish the heart's action, and in many cases has nearly the good effect of blood-letting.

4. Regulated *temperature*. Take care that the patient be not loaded with too much clothing; he should be laid between clean sheets, and should be slightly covered, especially toward evening, and through the night. Leave particular directions that the temperature of the room be not raised too much then; for it often occurs, that the nurse, more attentive to her own feelings than the welfare of the patient, will make a large fire for her own comfort. Always hang a thermometer in the sick chamber of a febrile patient,

and never let it exceed 60° in common simple fever.

5. *Cleanliness* is the next point of the regimenal management, to which I shall call your attention. There is an odour from the stools, the urine, the breath, and the skin, which produces a state of atmosphere extremely injurious to the patient, if allowed to be concentrated. Let him always pass his evacuations into a vessel containing a little water, then let them be immediately removed, and if necessary to be inspected, let them be kept in another room.

6. *Ventilation* is another point of importance. You may always admit fresh air into a room on one side very freely, but it is better to guard against cross currents.

7. *Quietude.* Always lay the patient in that room of the house in which there is the least noise; this is a circumstance which should be particularly attended to in towns. Another thing that you should attend to is, to see that the attendants do their business quietly, and that you do yours quietly also. There is one thing with respect to quiet which I shall here observe: it is a very inconsiderate and sometimes even a dangerous custom, which many medical men who keep carriages in London, and other large towns, observe, namely, allowing their servants to imitate the servants of the nobility, who thunder at the street-door until they make every room in the house re-echo to the sound, and shake the whole house; "it is a custom," however, "a custom more honoured in the breach than the observance." It was not until after repeated reproofs that I could get my servant to adopt a different and quieter mode of obtaining admission, and even now he sometimes forgets my request. Another point to which you should attend is, the investigation of the moral character of the nurse. It is the duty of the medical man to give positive instructions to the nurse, and if she be not of a good moral character, it is very likely that she will betray the confidence which is reposed in her, and thus may affect the safety of the patient, and reputation of the practitioner. The North American Indians always select the most distinguished ladies of their tribes to fill the office of nurses, and by doing so they show their prudence and ingenuity, because they suppose them to act properly in the discharge of their duty. Although we cannot expect to obtain a countess or duchess for this office, yet we may obtain a character very essential, namely, an honest and obedient woman.

The next division of the treatment is the *mental management.* The human mind is often prostrated with the body, and no individual is more pitiable than one sunk under the pressure of a febrile affection; therefore, we must take his mind into account. If the mind be very anxious, the fever very often terminates fatally; but if it be kept cheerful, the patient generally gets well. In consequence of this constitution of the human mind, it is necessary to prescribe *placebos,* but take care that these be so mild as to do no physical harm. The patient looks forward with considerable interest to the time of taking a draught or a pill, and, in fact, it keeps the mind placid and tranquil. Now, the best medicine of this kind is a *saline draught,* but this is generally given in too large a quantity. *Ten grains* of the *carbonate of potash* in one ounce of water, and *two drachms* of fresh *lemon-juice* will be quite enough, and

this acts gently on the kidneys. Another is the *Mindererus's spirit*, or the *liq. ammon. acetatis*, one or two drachms of this may be given in some harmless vehicle every four or six hours. It may be of a little service, by inducing a gentle action on the skin, but, like the former, it is chiefly beneficial through the mind. Always be punctual in your visits, and perform your promises regularly; give the patient, too, when at all admissible, the confident assurance of his recovery. If required to give your opinion, in the way of prognosis, to the friends, you may do it in the following way: If the friends of the patient are intelligent people, if, in a word, they are people of common sense, lay aside all the humbug and mummery of physic, and explain to them in plain English, that the patient has such and such symptoms, that these symptoms point out such and such a state of parts, and that such and such a treatment is necessary to remove them. And really, in the present advancing state of human intellect, it is necessary that you should divest yourselves of those technicalities which served only to shelter the ignorance of former times, and address yourselves to the common sense and understanding of the persons to whom you speak. If, on the other hand, you have to deal with persons so ignorant that all you could do would not make them understand the real nature of the case, then the best mode is to announce the disorder in some Greek or Latin word, with which they are perfectly satisfied, and will not ask you another question. (A laugh.)

I knew a gentleman who practised in a very populous, but very illiterate, neighbourhood; and he told me one day, that he was frequently assailed by these persons inquiring what such and such diseases were; and, said he, you may declaim as long as you please against Cullen's Nosology, but I can assure you, that I find it extremely useful; for whenever I am puzzled what to say to them, I give them one of his fine cramp names; they are quite contented with it, and I have the credit of being a very clever fellow, who can cure all sorts of extraordinary affections. (Another laugh.)

THE REAL SIMON PURE.

In a note appended to the advertisement at the commencement of the present volume, we stated that Mr. Tyrrell had so faithfully transcribed our pages, as to have fallen into the snare of his own cupidity; to prove this, we will now lay before our readers the following paragraph, taken from Mr. Tyrrell's Lectures:

"——for while professional knowledge should undoubtedly be the first object of your pursuit, general literature should not be neglected, and is so far from being incompatible with that primary object, that it cannot fail to enlarge your views, and give efficacy to your professional researches. So intimate is the connexion between every object of useful and scientific inquiry, that there is hardly one branch of knowledge which does not in some measure throw light and illustration upon another. The circumstance which I am about to mention may illustrate this remark. Lord Anson's book is one of the

most interesting (" *valuable*," Lancet,) works, which has appeared on nautical subjects; nor is it without its use as illustrative of a principle in surgery."--(*Simon*, p. 136.)

This passage occurs in Vol. I. p. 186, of THE LANCET, whence the very conscientious Simon, with the exception of one solitary word, has, for the sake of delicacy we will say, *copied* it. This, then, was the *snare*, and it certainly might have caught a wiser man than Simon, but it could scarcely have led to the exposure of a more unblushing plagiarist. What will the Profession think of this champion of "Hole and Corner" surgery, this *only* authentic publisher of SIR ASTLEY COOPER's lectures, this "doubly veritable Simon Pure," when we state that *not a single word of the above paragraph was uttered by* SIR ASTLEY COOPER; in conformation of this we appeal to SIR ASTLEY himself, and to the gentlemen who attended the lectures.

We do not think it necessary, at this moment, to relate the circumstance which occasioned the insertion of the above passage, and shall look only at what it has proved, viz. that you may ensnare the goose instead of the fox.

We shall continue the dissection of this real Simon in our next, by comparing paragraph with paragraph, from his reports and ours; in conclusion, we shall notice the *original* cases which he has published for the purpose of illustrating SIR ASTLEY's *original* surgical principles; MR. TYRRELL may then,

"To dinner with what appetite he may."

MR. ABERNETHY AND THE LANCET.

Out of regard to the just celebrity of Mr. ABERNETHY, we abstained from noticing the occurrence alluded to in the following statement, and certainly should not have in any way adverted to it, had not the affair found its way into the Newspapers; it is scarcely fair, that the consequences of a momentary irritation should be permitted to tarnish so well-deserved a reputation as that attached to the name of ABERNETHY. We shall, therefore, content ourselves by merely placing before our readers the articles which appeared in *The Morning Chronicle.*

MR. ABERNETHY AND "THE LANCET."

Several of the cheap weekly publications which have recently issued from the press have been principally directed to the diffusion of knowledge on scientific subjects. Among this number is *The Lancet*, which, commencing with reports of the most important and interesting parts of Sir ASTLEY COOPER's Lectures, subsequently extended its plan, and gave a short abstract of the Lectures delivered by Mr. ABERNETHY at the Theatre of St. Bartholomew's Hospital. This practice soon excited the attention of the pupils there, and seems to have been viewed with no favourable eye by the learned and eminent Lecturer himself. In the course of a Lecture delivered a few days since, Mr. ABERNETHY took occasion to advert to the circumstance of the publication of these abstracts, and made the following observations respecting it:

"I believe I can't prevent it, but it is very disagreeable to me,

and at least it shall never be done with my sanction. If the hireling of *The Lancet* is present, I demand that he will step forward, and I shall be glad to return him his money. Perhaps I am wrong in supposing that he will come forward here publicly, but if he will not, there is a private room in the house, and a servant will return him his money, or I shall be glad to do so at my own house. God forbid, Gentlemen, that I should wish to keep back from you any knowledge that I can be able to afford, or that you should not have an opportunity of reaping the full benefit of it. Take the substance of what I say, you are perfectly welcome to it—you have paid for it—it is yours; but I do protest that I think no one has a right to publish it to the world; I do not like it; and, certainly, he shall never have my sanction in so doing."

At the close of this appeal, the pupils, who all seem to entertain as strong a feeling on the subject as that expressed by their able and eloquent Lecturer, manifested their opinion by loud applauses. If we might offer any conjectures as to the cause of the offence taken at these publications, we should say that it had arisen from the care with which the anecdotes employed to illustrate the subject, and to enliven the attention of the pupils, have been collected and published with all the marks of that colloquial manner almost necessarily incidental to extemporaneous delivery. In consequence of this publication, these have been criticised with undue severity, and foolishly held up as unbefitting the gravity of the Professor's Chair. The right to publish these abstracts is certainly doubtful, but we believe the benefit arising from their publication to the medical men scattered over the country, to whom they convey information of the most recent discoveries and experiments, will admit of very little question. We should also be inclined to say, that the Lecturer must reap some advantage from the desire which will necessarily be excited, in the readers of these publications, to possess his entire Lectures, should he ever be disposed to give them to the world.

To the Editor of the Morning Chronicle.

Mr. Editor—Perceiving some inaccuracies in a statement which appeared in your Journal of yesterday, headed "Mr. Abernethy, and *The Lancet*," I feel the propriety of inserting a few observations in correction of them. In the first place, "*The Lancet*" is classed among the cheap weekly publications which have recently issued from the press. Now, although with reference to its contents, I hope "*The Lancet*" is fairly entitled to be considered a cheap publication, it has certainly no claim to the distinction of being sold at a less price than any other medical journal, nor can it be classed with a description of publications from which it essentially differs in character. Indeed it is quite clear that the writer of the article in your paper is wholly unacquainted with the nature of the work which he has attempted to characterize, for he proceeds to state, that "after commencing with reports of the most important and interesting parts of Sir A. Cooper's Lectures, it subsequently extended its plan, and gave a short abstract of the lectures delivered by Mr. Abernethy." Upon this statement I have only to observe, that so far

from *The Lancet* confining itself to the most important parts of Sir A. Cooper's lectures, those lectures have been reported with so much minuteness, that one of the Surgeons of St. Thomas's Hospital has literally transcribed and published twelve of them under the immediate sanction of that Honourable Baronet. With respect to *The Lancet* having extended its plan by the publication of an abstract of Mr. Abernethy's surgical lectures, only two of these have yet been published; and so far from being an abstract, they were given with a minute fidelity of which the lecturer himself complained.

I forbear making any remarks on the intemperate language which fell from Mr. Abernethy on a late occasion, because I am convinced that that gentleman, in common with his best friends, must lament, upon reflection, that he could have permitted himself to employ it. The application of the word *hireling* to a body of gentlemen, who, in point of education, respectability, and general attainments, are, perhaps, in no respect, inferior to Mr. Abernethy himself, manifests a degree of petulance ill suited to the dignity of the Professor's chair; and if such an expression had been deliberately used, the gentlemen to whom it was addressed certainly were not the persons who would have been degraded by it. I am, Sir, your obedient servant,

THE EDITOR OF THE LANCET.

London, October 16.

LIZARS' ANATOMICAL PLATES.

Part the Sixth of these beautiful engravings was published in the course of the past week.

This fasciculus contains the muscles and joints from the lower extremity.

As in each of the previous parts, the plates are admirably executed, and fully sustain the merited reputation which Mr. Lizars has acquired.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

REVUE MEDICALE.—AUGUST.

Several cases of Neuralgia, cured by the employment of the Oil of Turpentine, By M. Dufour, *Physician to Econen.*

Dr. Martinet, in a paper published in 1823, has made known the advantages which practical medicine had derived from the use of the oil of turpentine in the treatment of the sciatica, and different affections of the nerves.

Since the publication of that memoir, some new facts have occurred to support the principles broached by M. Martinet, and to confirm the correctness of his researches. Having been called upon frequently to treat persons afflicted with sciatica, we have many times had recourse to the internal use of the oil of turpentine, and with so much success, that it is useful, and even necessary, for the interests of science, to make known the results which we have obtained.

Sciatica is a disease so frequently uninfluenced by the most methodical treatment, and resists with so much obstinacy the employment of baths, and of frictions of every kind; of blisters, leeches, and bleeding, that we doubt not but

every practitioner will be glad to become acquainted with what we have been able to collect on this subject. The oil of turpentine has not acted in our patients either as a diuretic or as a sudorific, although it has been so considered by M. Martinet. It has appeared, after the sensation of heat has been developed in the painful limb, to exert its action particularly on the diseased nerve, and to change also its mode of sensation. In general, it has produced no disturbance in the digestive organs; for we ought not to regard as such the temporary heat in the throat, which depends entirely on the acrid taste of this fluid.

Case 1.

Suppression of perspiration: followed by *sciatic neuralgia*; the unsuccessful employment of *leeches* and *ammoniacal frictions*, *&c.* The employment of the *oil of Turpentine in a case* of *three months and a half* standing, and a *cure* effected *in six days.*

A man named Bombard, aged 32, during the month of July, being in a profuse perspiration, was obliged to descend a well, sixty-five feet in depth; a few minutes after, he was seized with a general trembling and shivering, which compelled him to ascend in about twenty minutes. Having gone home he went to bed, and was seized about two o'clock in the morning with a violent pain in his right thigh, and with great difficulty of moving it. The pain, which was seated in the track of the great sciatic nerve, soon became intolerable. On the twelfth day of the attack, I saw the patient, and found him suffering severely with a high fever, and he could scarcely perform any of the motions of the thigh.

He had been bled by 24 leeches applied to the ischiatic region; demulcent drinks and spare diet had been ordered. He had on the fifth day twenty leeches more applied; and the parts were afterwards rubbed with the volatile liniment. He tried other remedies, as antispasmodics, tonics, and stimulants of various kinds, but without any beneficial effect. A blister was kept open even for six weeks, without producing any relief. Seeing that the limb diminished in size, and that the sufferings of the patient continued in the same state, and that he was tired of taking so much medicine, I advised him to remain quiet a little, and for three weeks he only took a light, but, at the same time, a nutritious diet. His pain remained as before, and he gave up all hopes of being cured, but said that he was willing to submit to any thing which I might propose.

It was, therefore, on the *seventy-third* day of the disease that I first gave him the turpentine. *Two drachms* of the *oil of turpentine* were mixed in *four ounces* of the *honey of roses*; and this was divided into four doses, to be taken during the day. In the same evening he found a feeling of heat in his throat and in the affected part. The prescription was continued; and at the fifth dose he experienced some relief. The power of moving the leg, which had been almost lost since the appearance of the attack, became much easier; and he could walk about the chamber, a thing which he had not been able to do for two months and a half. On the fourth day of the employment of the turpentine, he laid aside his crutches; and on the sixth day

there was no pain remaining, or any other inconvenience. I saw this man every five or six days for six weeks. He is perfectly recovered; and up to this time has had no return of pain whatever.

M. Dufour has given, in the same paper, five other cases in which the turpentine has been attended with complete success, at different periods from the commencement of the attacks; and one in which it was not successful; but this was a case which had existed many years. He finishes by making the following observations:

1. That of seven patients afflicted with sciatic neuralgia, six were cured in a few days by the employment of the oil of turpentine.

2. That of these six patients, five, who had suffered from the pain but a short time, had tried various other modes of treatment without the least benefit.

3. That the only patient not cured was one who had the sciatica for many years, and had employed for its removal other means with the like result.

4. and lastly, that the oil of turpentine in these different patients acted neither as a diuretic, a purgative, or a sudorific.

Reflections on the Method proposed by Celsus for the Operation for Stone in Man. By Professor Delpech.

(After having noticed that he has seen the announcement of the intended publication of a paper by Baron Dupuytren, containing a new mode of operating for stone, Professor Delpech goes on to say,)

I do not know what are the particular views of my illustrious colleague, but I shall be very proud of being confronted with him. For more than four years in the public lectures on pathology and the practice of surgery which I have given at Paris, I have furnished an analysis of the description which Celsus has bequeathed us, of the operation for stone, and such as was performed in his time. I have shown that the author's Latin has not been understood, and that the operation which he describes ought to precede every other which has been described by modern authors, even to the present day.

Celsus expresses himself in these words; "*Juxta anum incidi cutis plaga lunata, usque ad cervicem vesicæ debet, cornibus ad coxas spectantibus paululum.*" Such is the direction given respecting the section of the external parts. They have thought to find in these terms the idea of a semilunar incision, the convexity of which would be turned towards the anus, and the concavity towards the raphe and scrotum; but it is impossible to reconcile this idea with the direction contained in the words, "*cornibus ad coxas spectantibus paululum.*" In the attitude which Celsus gives the patient, the hips are not apparent but towards the back part; and it is to this side that the extremities of the crescent which the incision ought to describe are to be directed. Then they are really *ad coxas spectantis paululum* They should have a direction altogether opposite to this, if they were described from before. It is necessary, then, to understand, to translate the phrase of Celsus in the following manner: "In front of the anus a semilunar incision ought to be performed, which penetrates even to the neck of the bladder, and which embraces the ante-

rior part of the circumference of the anus itself, and so that the extremities of this incision may be a little turned toward the hips." This latter restriction, which is literally contained in the passage of Celsus, induces one to think that the curve of the semilunar incision ought not exactly to conform to the curve of the anus; that is to say, that it ought not to form the segment of a circle described around the anus, and of which the anus would be the centre; but the segment of a circle, the central point of which should be placed considerably behind the anus. By this contrivance the centre of the curve would be found to approach nearer to the anus than its extremities.

Celsus pursues the subject thus: "*Deinde ea parte qua strictior imo plaga est, etiamnum sub cute altera transversa plaga facienda est, qua cervix aperiatur.*" It is impossible to suppose that this wound was made much in front of the former. If it had been done thus, the upper part of the neck of the bladder and the anterior angle of the prostate might have been reached by a tranverse incision, which would have been done either to a very little extent, or would have separated entirely the neck of the bladder and the canal of the urethra. Yet the author adds, relatively to the deep incision which ought to be performed, "*donec urinæ iter pateat sic, ut plaga paulo major quam calculus sit.*" These latter directions it would have been impossible to follow, if the external incision had been turned forward.

Certainly at the time of Celsus, anatomy was not very much cultivated, yet enough was known to enable them to make an incision into the neck of the bladder sufficiently large to extract any calculus. That part of the operation is next described in which the stone is brought to the fore part of the bladder, and held there by the finger previously introduced into the rectum, and it ought also to raise the base of the prostate gland, the vesiculæ seminales, and the vasa deferentia; they then made a transverse incision into the neck of the bladder, of a sufficient size to admit of the extraction of a very large stone. Such was, without doubt, the operation for stone among the Romans, and it is clear that its effects are attributable to the want of sufficient anatomical knowledge; they knew the form, but they were ignorant of the intimate structure of the parts. If Celsus had made his internal or second incision like his external one, and had used a more precise guide to the surface of the stone than mere feeling of it, his operation would have approached very near to the perfection of the modern operations. Such is the doctrine which I have taught at Paris, a long time since, and I can appeal to the evidence of 150 students who attend my lectures. In my course of clinical lectures at Montpellier, twelve years since, and on all occasions when I have had the opportunity, I have introduced the same ideas; and I have insisted on them with much more force since the performance of the recto-vesical operation for the stone.

To the Editor of The Lancet.

Sir,—I have only lately become a reader of your invaluable publication; it will achieve more towards the advancement of medical science (in which I comprehend surgery) than any work, whether

periodical or otherwise, that has ever appeared: there has been long wanting the stern and intrepid examiner and reporter of the merits and rationality of the present state of medical theory and practice, and being drawn from those sources whereby general practice is governed affords great facilities to those who may be engaged in ascertaining more certain data as guides to practice, of becoming acquainted with the theoretic and practical views of those who may be considered, from their situation, to possess all the facts that are, from time to time, made known upon those subjects.

My present object, in addressing you, is to advert to M. MAGENDIE'S medical means for the cure of hydrophobia: the only light in which I can view the proposition of injecting fluids into the veins, to correct the morbid actions induced by the bite of a rabid animal, is that of the most daring quackery: what can M. MAGENDIE'S knowledge of the laws of the animal economy be, or what are his ideas of the pathology of hydrophobia, or the modus agendi of the fluids he would inject, that could give any rational grounds to anticipate success, as the result of the experiment? it is a mere wanton experiment, unjustifiable in every point of view: Bacon justly says, "if we wish to control Nature, we must obey her laws:" water, although a simple fluid, is never admitted into the circulation of the blood until it has passed through a variety of organs, where other matter combines with it, partly nutritious, partly excrementitious, after which it again passes through other organs to be removed from the system: a Dr. HALE, of Boston, in America, seems to have been so much delighted with M. MAGENDIE'S novel practice, who, with more zeal than prudence, was desirous of ascertaining the effects of castor oil when introduced into his venous and arterial system; it was well for him that the natural vigour of his constitution was sufficient to overcome the unnatural actions thereby induced: the symptoms of its effects, however, are worth noticing, and which, I trust, will be sufficient to make him forbear making the same or a similar experiment upon others: this is no *laughing gas:* if M. MAGENDIE can point out, in any rational manner, how water circulating with the blood would be likely to subdue the morbid sensibility of the nervous or increased action of the vascular systems in hydrophobia or any other cases, I should be glad to see it stated: we shall not, however, be satisfied, this side of the water, with the notion of washing the blood of the rabid matter which may be supposed to have got into the general circulation, through the absorbing system, as the term mechanical, which such an effect would imply, is not applicable to physiology; our own learned professors making use of the same term, notwithstanding.

I congratulate you, Mr. Editor, that the brazen age of quackery is about to expire.

I remain,
Your well-wisher, and
Your future constant reader,
T.

London, Oct. 11, 1824.

To the Editor of THE LANCET.

SIR,—Permit me to offer to the profession, through your very useful publication, a few remarks con-

nected with medical jurisprudence, which may be of practical utility, especially to its younger members. Having frequently been called upon to give evidence in cases of infanticide, both before the Coroner and the Judges, I have had repeated opportunities of observing how much caution is requisite where the life of a fellow-creature probably depends upon the accuracy and discriminating judgment of medical witnesses. The highly cultivated mind, the humane feeling, the keen sagacity, and the extensive information of a British Judge, have indeed been usually sufficient safeguards of the life of an unfortunate female, ever since the reign of James I.; because, from that period, the law has required that the crime of infanticide shall be proved by the same rules of evidence as are necessary to convict a prisoner of any other species of wilful murder. But still, through the ignorance or inexperience of a medical man, the life of an unhappy mother may be placed in very great jeopardy. The great point to be *proved* in these cases is, that the child was absolutely born *alive;* for, unless the *crying* of a new-born infant can be verified by some credible testimony, all other collateral circumstances will generally be rendered very doubtful. But, even where this *fact* can be established, it will not, in all cases, be decisive against the prisoner.

The *crying* of the child, when heard, is by no means conclusive that it was actually born alive, in the strict legal sense of the term, much less that the mother had been intentionally instrumental to its destruction. For a child has repeatedly been heard, at a short distance, to cry before its shoulders were protruded through the os externum; and instances not uncommonly occur of a child coming into the world with its face downwards, inclined more towards the pubes than towards the sacrum of the mother, and being drowned in a pool in the bed, before assistance could be given in sufficient time to extricate it. So that, although an unfortunate female may be found, in either of these cases, under very suspicious circumstances, a medical man of experience would naturally give his evidence in her favour. The crying of an infant cannot be, in any degree, effected without the lungs being more or less inflated with atmospheric air: but, since the time of Dr. W. Hunter, it has been usual both for Coroners, and Grand Juries, and Judges, to discard, as altogether out of the question, the state and appearance of the lungs. Certainly, where there is the least symptom of putrefaction having commenced, it is safest to give a doubtful opinion in behalf of the prisoner. But when the condition of the lungs and other circumstances are such as to render it impossible for any intelligent and conscientious surgeon to give any other opinion than that the child must have breathed; is it not a perversion of justice to direct a Jury to pay no regard to such opinion, and even to treat it (as is often done) as too ridiculous to be for a moment entertained? For whatever the Counsel, or the Court, or the Jury, may think to the contrary, a medical man of real science will sometimes be as fully convinced that a child had breathed, as if he had been an eye-witness of the fact.

Much stress is sometimes laid upon the external appearance of violence, respecting which, however, a practitioner cannot be too

cautious in giving his evidence. In two or three cases of presentation of the face towards the pubes, I have known the integuments over the ossa malarum so bruised by the violence of the pressure as to produce extravasation, and even afterwards of suppuration, in the cheeks. So that any suspicious appearance in those parts after death would tend to no satisfactory conclusion that violence had been inflicted by the hands of any person. And in one instance of a similar presentation, the child was detained many hours by his chin lodging upon the pubis, till it could be extricated by pressing the finger round the angle of the jaw, and thus removing the impediment to its birth. In this case the chin was deeply indented, as if a cord had been tightly tied around it, and the temporal muscles were so stretched and elongated that the child had no power of shutting his mouth for *six weeks*. Bandages were necessarily applied to support the jaw, till the muscles recovered their tone sufficiently to enable the child to suck. Now, it is obvious that a totally inexperienced practitioner might, under similar marks of violence, very conscientiously, though ignorantly, give an opinion very unfavourable to a suspected mother.

Another peculiarity, namely, the ruptured state of the funis, ought carefully to be attended to, in order to preserve an innocent woman from being convicted of the wilful murder of her offspring. It is generally supposed that this violence must be occasioned either by the child falling from the mother whilst she is standing or leaning against something to support herself during the pains, or by her own deliberate act, after the birth of her infant. But, so lately as the last month, a case fell under my own observation, which proves that neither of these conclusions is necessarily correct. I was in attendance at the labour of a very respectable woman, whose pains had been, many hours, very inefficient. At length they suddenly increased with such violence, that before any support could be given to the perinæum, the whole of a very large child was expelled *upon the bed*, and the funis ruptured so closely to its body that a ligature was with difficulty passed round it. But, although no hæmorrhage followed to occasion the death of the child, it expired in a few hours. Now, supposing the mother had been found under such suspicious circumstances, the state of the funis would most probably have operated against her. Too much caution, then, cannot be used by professional men, lest, in these most delicate and distressing cases of suspected murder, they should draw a hasty and unwarrantable conclusion, to the injury of their own characters, and the manifest danger of the lives of unhappy females.—I am,

Yours respectfully,

GEORGE CUSTANCE,

Accoucheur to the Kidderminster Lying-in-Charity.

Kidderminster, Oct. 11, 1824.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Extraordinary case of fungoid tumour, or fungus hæmatodes, two feet nine inches in circumference.

J. F., aged 26, by trade a tailor, was admitted Oct. 6th, and is now in Cornelius' Ward.

He struck his shoulder when hunting in some of the woods of Surrey, about 13 years since; the blow caused considerable pain in the shoulder at the time, and was followed by a swelling of the part, which never entirely subsided. It was always painful, but more so at night, and prevented him from sleeping.

About six years after the accident, the swelling showed some disposition to increase; he went into the Middlesex Hospital, and was a patient of Mr. Bell; he had leeches frequently applied, afterwards a seton, and then an issue; by this treatment the tumour became very much less, and in six months he left the hospital.

He resumed his usual employment, and felt no further inconvenience from the tumour until about eight months since, when it again suddenly swelled, and increased in size rapidly; he had, according to his own account, been living very temperately, and was not conscious of any change having taken place in his general health. He had not at this time received any blow upon the part, but the veins looked very blue, and were much enlarged; the tumour became again painful, and his rest disturbed.

The present appearance of the tumour is this: it is very large, and approaching a spherical shape; irregular on its surface, and having numerous very large veins spread over it; the skin is very much distended, and in some places even shining; it is rather soft to the touch, and is attached by a broad base to the upper and outer part of the left shoulder and upper arm.

Its weight is so great, that the patient inclines his trunk very much toward that side; the tumour is *two feet* and *nine inches* in circumference. He rubbed it a little about a month since, and produced a wound at the lower part of the swelling, which on Sunday last bled profusely; seventeen ounces of blood were lost before the dresser could command the hæmorrhage by applying pressure.

His general health does not appear to have suffered much; he sleeps pretty well, his appetite is good, his bowels are open, and his pulse tranquil.

We shall make our readers acquainted with the termination of this case in a future Number.

Case of Suppuration of the Tarsal Joints, from the prick of a nail.

A. R., aged 27, was admitted into Accident Ward on the 11th of October, with a bad foot. He is by trade a brick-maker, and worked at Lewisham; persons employed in preparing the clay are accustomed to go without shoes, and whilst thus employed he ran a copper nail into his foot; on the same evening he put some turpentine to the wound, and on the following day a poultice.

Two days after, the pain continuing very severe, he applied to a surgeon, who stuck a lancet into his heel, in the expectation of finding matter, but no matter came. His foot continued to inflame, and was exceedingly painful; he continued to apply a poultice, and in about two days after the puncture was made some matter appeared. But the part continued exceedingly

painful, he could get no rest, great pain in his head, and great thirst.

He says that he never had a day's illness before this accident, and that his habits were regular. There is at present a very profuse discharge of matter from the tarsal joints, and the foot is very much swollen and inflamed. His tongue is moist, pulse 94, and very firm; skin hot, and he has also great thirst. The foot is enveloped in a poultice, and he takes some sedative and sudorific medicines, but from the appearance of the limb and the state of the constitution, great doubts are entertained whether the foot can be saved or not.

(To be continued.)

Continuation and termination of the case of Popliteal Aneurism in Lazarus Ward.

We closed our last report of this case, by describing the state of the patient on the 12th; we then said that his pulse was 100, and that his debility was very great.

14th. Notwithstanding the employment of various stimulants, administered in pretty free doses, the condition of the patient is evidently more precarious than before. The gangrene has not extended beyond the part which we last described, and the size of the thigh is little altered. He continues the former medicine and diet.

The patient became gradually weaker, the countenance became haggard, and covered with cold sweats; the pulse became weaker, and on Saturday he expired. No examination of the limb, we are sorry to say, took place, although it was generally expected that it would.

Mr. KEY performed the operation of lithotomy on a boy about nine years of age. He used the broad knife and the straight staff.

The patient on whom Mr. KEY last operated for stone, of whose case we gave a sketch last week, is moribund; and Mr. MORGAN'S stone case has terminated fatally.

ST. THOMAS'S HOSPITAL.

The patient from whom Mr. TRAVERS removed the fungous testicle is going on very favourably. He continues to take the decoction of bark, and is allowed porter daily. His tongue is moist, bowels regular, and the pulse 76, and soft; the discharge from the wound is healthy, and pretty profuse.

A case of *strangulated femoral hernia* was received in the course of the week, and was fortunately reduced by the taxis, after the use of the warm bath and bleeding.

The only operation performed for the week, was the operation of lithotomy, by Mr. GREEN.

MIDDLESEX HOSPITAL.

Case of Scrotal Hernia.

Oct. 7. — Spooner, æt. 78, an old decrepid man, with an almost total oblivion of the mental faculties, was brought here about eight o'clock P. M., with a scrotal hernia on the left side, of large dimensions, equalling almost the size of an ordinary pig's bladder; it was also hard, and appeared to contain a considerable portion of intestine, full of indurated fæces. Accord-

ing to his own account (on which, however, for the reasons above stated, little reliance could be placed), it had been down on the Thursday preceding, being seven days. The rupture was an old one, and the patient had worn a truss for sixty years, as he says; which, at the time of the present protrusion, was under repair. He had been an inmate of the work-house at Hendon, where he was employed in picking of feathers, when the hernia suddenly descended, from which period to that of his arrival here, he had no alvine evacuation, though, as has been already observed, his accounts were incoherent, and therefore not to be relied upon, as on another occasion he admitted that his bowels had been open on the following Sunday, and that he did not know exactly when the hernia descended into the scrotum.

His conduct was childish in the extreme, and almost idiotic. Upon his admission here, the hernia was as we have described it above, and, by the employment of the taxis (although that operation had, according to his own account, been previously employed, and persisted in) a considerable portion of the protruded intestine was reduced, and there was certainly a removal of all hernia from the scrotum. Below the ring, however, or in the inguinal canal, there was obviously the presence of intestine or omentum, and which resisted all attempts at reduction by the taxis. The patient was next placed in the warm bath, and the reduction again attempted, but without success; he was therefore returned to his bed. At this period he had no bad symptoms. He was ordered enemata, and house medicine every two hours, till the bowels should be moved (of which he took five doses). His pulse, at the time of his admission, when he was cold, and just removed from the cart which transported him here, was about 48 or 50, and may have increased a few beats in frequency, after he was placed in bed. He had not vomited; his abdomen was not tense, and he had very little pain in the neighbourhood of the injury. His pulse, however, was slightly irregular; his tongue dry, and covered with a thick white crust; skin not particular.

9. During the night, and early in the morning, he vomited 2 or 3 times a bilious matter, and no evacuation had been procured by the medicine or enemata, which latter were repeated about 10 o'clock. About 3 hours afterwards, the following treatment was ordered to be pursued.

℞. *Calomelanos grana duo.*
Extracti Colocynthidis Compos. grana duodecim—fiat pilulæ duæ 3tiis horis capiendæ; donec alvus dejecerit.

Et Bibat
Magnesiæ Sulphatis, unciam dimidiam.
Aquæ Hordei, octarium—fiat potus.

Here Mr. CARTWRIGHT attempted to reduce the obstinate remains of the hernia, but did not succeed; still the man's situation did not appear precarious. After having taken the pills twice, he vomited a stercoraceous matter, but his bowels were not moved. The operation was, therefore, performed about 10 o'clock, P. M. in the following manner:—The patient being placed on the table, the integuments over the inguinal canal were pinched and divided by the scalpel, by which an incision in the length of

the tumour was effected, the fasciæ were then divided, and at length the hernial sac, when several ounces of fluid, slightly coloured, escaped. Upon introducing the finger within the sac, it was found that there was no adhesion there, or stricture at the ring; and it would be difficult to account for the causes which prevented its reduction by the taxis. The intestine was apparently very healthy, but was convoluted or twisted up, and "it appeared to be the opinion of the surgeons, that this circumstance opposed its reduction."

10. Has passed a tolerable night, is free from pain, and has had no return of the sickness; his tongue is still crusted, white, and dry; and his pulse, though increased a few beats in frequency, was still languid and weak. He was ordered to have *Ex. Colocynthidis Comp.* gr. x. *3tiis horis donec alvus dejecerit.* During the day, he had several copious stools, and had a great desire for food; his spirits were good; and his hopes of recovery confident.

11. There was a slight pain or tenderness on pressure in the left hypochondrium; pulse slow and irregular, but rather fuller; bowels open; tongue still furred, but more moist.

Hirudines sex, hypochondrio dextro.

℞. *Pulv. Ipecac. com. grana sex.*
Spi. Æth. nit. drachmam dimidiam.
Liq. ammon. acet. drachmas quatuor.
Aquæ destillatæ, unciam—fiat haustus, 6tiis horis capiendus.

12. To-day there is but little alteration; pulse still slow and irregular; pain in the left hypochondrium rather increased, and there is a slight blush of erythema in the neighbourhood of the wound; tongue still furred, but moist; bowels not open since yesterday.

Capiatur:
Haustus sennæ compositi, unciam et dimidiam ter die.

The wound was examined, and appeared to be tolerably well united at the upper part; however, a small quantity of matter was discharged.

13. Last night the condition of this man did not indicate any change for the worse; his pulse was already observed small and intermitting, and his other symptoms much the same as on the preceding days; about 4 o'clock, A.M. however, he died.

Inspectio cadaveris. That portion of intestine which had formed the hernial tumour lay folded together, and adhered by coagulated lymph, and was approaching to a state of sphacelation; the intestines were more vascular than usual, and slightly distended with air; the omentum had descended into, and adhered at, the neck of the sac, near to which also the peritoneum was inflamed. There was a hernia on the other side, to which likewise the omentum adhered: there was an extensive suppuration between the tendons of the external and internal oblique muscles.

WESTMINSTER HOSPITAL.

Operations.

Saturday, Oct. 16. Mr. WHITE operated for ascites upon the same man who had undergone the ope-

ration of paracentesis abdominis this day month. The water was again collected in almost the same quantity as before, and so as to obstruct the respiration to a considerable degree.

The trocar was introduced into the linea alba, an inch and a half below the umbilicus, when a gallon and a half of clear serous fluid, of a lemon colour, was evacuated. During the period in which the fluid was flowing, Mr. White placed a thermometer so as to be immersed in it immediately on its evacuation, and the mercury stood at 98°; another was put into the mouth of the patient, and found to rise no higher than 93°.

The accidents admitted this week are: three fractured arms; one man burnt on the arm, hip, and foot, by falling between the hot flues of a gas manufactory; and a woman brought in with an apoplectic fit; the particulars of which will be given in our next report.

After the operation, a few minutes remaining unoccupied, Sir Anthony Carlisle informed the pupils, that if they would give him their attention, he would offer some observations which he thought might be of use in their studies. All being silent, he began in the following manner: "I have always, gentlemen, at the beginning of a season, been accustomed to inform those attending this hospital some things which I consider may be serviceable to them in their progress in study, as young men; and as practitioners, advantageous in their future lives: and this I have been more readily induced to do, from thinking it my duty, as a surgeon to this institution, to give all the information in my power to those who become its pupils. I do not mean to insinuate by this, that the other surgeons neglect their duty by not doing the same; for each of them acts in the manner which, according to his judgment, will best promote your interests; but I think there are some points on which a young man requires information, as to the mode he is to adopt during his attendance in town upon the hospitals. I have always observed that the mind of a young man has a tragic turn, if I may so express myself; that he is fond of running about after operations, often performed as a last resource, and frequently unjustifiable in themselves, instead of attending to the more useful, but less striking surgical cases of every day occurrence. This mode of proceeding is one which produces very little benefit to a medical man as an operator, and often great evil as a general practitioner; for it causes him to lose his time by attending to them, and also makes him neglect those cases from which much knowledge may be gained, but which he passes over as things either useless in themselves, or which may be learnt at any time when he is in practice in the country.

Operations, indeed, are but seldom wanted in general practice; not one man in twenty living in the country ever performs them, and even in town, unless a man is an hospital surgeon, they very rarely fall under his care. A very eminent surgeon of London, a man of very large practice, of great experience and no less ability, told me before his death, that he had *never* performed an amputation, and only *one* cancerous breast, in his whole life, had he extirpated.

Those things to which I would have you pay particular attention,

are of general use, and of frequent occurrence, for on them the surgical fame and fortune of most of you must be founded; come down to the hospital and examine the patients yourselves, and you may be certain of gaining the advantage of it.

By what I consider to be an excellent regulation of this hospital, every pupil has a right to the office of dresser in regular rotation, but I am sorry to say this privilege has been much neglected; I would advise you not to fail in availing yourselves of it; for on the skilful application of a bandage much of the success of a cure depends; and you ought, in regard to your own interests to make yourselves masters of this point, for it is a thing of which the bystanders can form an accurate judgment, not like the more intricate operations of medicine, where all is hidden under the veil of obscurity from the patients and those around them, and where almost any blunder may pass unperceived; but here it is very different, and a good opinion of a practitioner is often formed by the neat application of a roller, or a bad one by the unskilful arrangement of a bandage in bleeding; for by these circumstances do people form their judgment of the skill of the operator.

In your ideas of the powers of remedies do not be too sanguine, for you are liable to continual disappointment. It is said there are three stages in the life of a medical man, in all of which his opinion of medicine varies; when he first begins to practise, he supposes he has only to give physic to perform a certain cure, but to his surprise he finds that, for all his skill, some of his patients die; that at the bedside of a sick person, it is not so easy to cure as might have been expected from the lectures of his teacher, where every thing is nicely arranged, where first are the symptoms related, then the remote, next the proximate causes, the diagnosis and prognosis follow, and finally, the cure. All this seems very easy to do, but in practice he discovers his mistake, and after following the lecturer and nosologist, he, notwithstanding all, loses two or three patients; he turns a sceptic, and disbelieves in the virtue of physic altogether.

In this blind state he goes on, only giving something to amuse the patient, which he thinks will prove of no hurtful quality, until at last, either in his own practice, or in that of his neighbours, he notices some cases which he thinks were benefited by the medicines taken, and where the patient would have died without them.

Reflecting on these, the third stage follows; here he again begins to have a better opinion of physic, and he finds that, by a judicious treatment, many diseases are happily terminated, which would have ended otherwise without them; so that, in progress of time, he becomes an experienced and good, though cautious, practitioner."

Sir Anthony would have proceeded farther in his remarks, but for his being interrupted by the business of the hospital; Mr. Guthrie requesting him to see a patient who was waiting for his opinion.

In a former Number of the Lancet, it is mentioned, that public consultations, upon the propriety of operating, were first instituted

by Sir Astley Cooper, at the Borough Hospital; this, however, we beg to state, is incorrect, for the public consultations on such occasions were *first* introduced at the *Westminster Hospital*, and by *Sir Anthony Carlisle*.

TO CORRESPONDENTS.

We do not recollect having received any Letter from Mr. ft—e.

The article from our valued Correspondent, who has promised 'more from the same hand,' shall certainly appear; probably in our next. He will observe that its insertion to-day would be premature.

We have to thank many Correspondents for much valuable information, of which we shall av.al ourselves in f:ture Numbers.

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